Minority Business Preference

Indicate below if cla	aiming a Minority Business Preferei	nce.	
In order to clair	artment of Commerce. If you have	m) of the Wisconsin Statutes). our agency must be certified by the e questions concerning the certification	n
	Wisconsin Department of Comm 123 West Washington Avenue, P.O. Box 7970, Madison, Wisconsin 53707-797 (608) 267-9550.	8 th Floor	
Please print all spaces e	except signature space.		
Agency Name			
Print Agency Director	Name or Designee (If designee attach De	esignee Authorization)	
Signature		Date of Signature	